

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4241AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/06/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMERDALE AT RIATA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>14315 RIATA CIRCLE</b> <b>RENO, NV 89521</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an complaint investigation conducted in your facility between 10/6/10 and 11/29/10, in accordance with {42 CFR, Chapter IV, Section 482.1 to 482.57}.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>Complaint #NV00026569 - The allegation regarding misappropriation of property was not substantiated through interviews with the resident and facility staff and record review. The allegation regarding resident abuse was not substantiated through interviews with residents and facility staff. The allegation regarding neglect, restraint and seclusion was not substantiated through interviews with residents and facility staff. The allegation regarding quality of care was not substantiated through document review, clinical record review, and interviews with resident, doctor's office and facility staff. The allegation regarding physical environment was not substantiated through observation and record review.</p> <p>The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 10/6/10.</p> <p>The investigation included:</p> <p>Observations of the group home facility and former room of the resident.</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	<p>Continued From page 1</p> <p>Interviews were conducted with two family members, two facility staff members, the physician's office and the former resident.</p> <p>Review reviews were conducted of resident file, facility medication destruction log, medical records from hospitalization and records from rehabilitation center.</p> <p>The complaint allegations were not substantiated due to lack of evidence. The complaint was filed over a year after the resident had physically left the facility. The records and information obtained from interviews were unable to support the allegations.</p> <p>No further action is necessary. Please retain a copy for your records.</p>	Y 000			

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